

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		
1	1							51			
2	1							52			
3	2							53			
4	3							54			
5	4							55			
6	5							56			
7	6							57			
8	7							58			
9	8							59			
10	9							60			
11	10							61			
12	11							62			
13	12							63			
14	13							64			
15	14							65			
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18	17							68			
19	18							69			
20	19							70			
21	20							71			
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25	24							75			
26	25							76			
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28	27							78			
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33	32							83			
34	33							84			
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36	35							86			
37	36							87			
38	37							88			
39	38							89			
40	39							90			
41	40							91			
42	41							92			
43	42							93			
44	43							94			
45	44							95			
46	45							96			
47	46							97			
48	47							98			
49	48							99			
50	49							100			
TOTAL IND.	5							TOTAL IND.			
TOTAL DEP.	33							TOTAL DEP.			
TOTAL CLMS	40							TOTAL CLMS			

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